

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

16134

3524

FILED APR 18 1953

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE North Carolina b. COUNTY Wilkes			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN North Wilkesboro		8320	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL				d. STREET ADDRESS (If rural, give location) 808 "D" Street			
3. NAME OF DECEASED (Type or Print) R O S A L		a. (First)		b. (Middle)		c. (Last) R E V E S.	
4. DATE OF DEATH APRIL 2 1953		(Month)		(Day)		(Year)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 9		8. DATE OF BIRTH Nov. 9, 1870	
9. AGE (In years last birthday) 82		10. MONTHS 82		11. DAYS 82		12. HOURS 82	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) Independence, Virginia				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME James Martin Dickenson				13b. MOTHER'S MAIDEN NAME Mattie Phipps		14. NAME OF HUSBAND OR WIFE George Robert Reves	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mattie Lou Riley-425 Oakley Drive			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Right hemiplegia. DUE TO (c) Arteriosclerosis-Hypertensive II. OTHER SIGNIFICANT CONDITIONS cardiovascular Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3-31-53 3-31-53 Years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 442x			
22. I hereby certify that I attended the deceased from 1947 , to April 2, 1953 , that I last saw the deceased alive on April 2, 1953 , and that death occurred at 1:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE J. Carl Smith		(Degree or title) M.D.		23b. ADDRESS 864 Hamilton Blvd. St. Louis 12 Missouri		23c. DATE SIGNED 4-2-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-3-53		24c. NAME OF CEMETERY OR CREMATORY Wilkesboro Cemetery		24d. LOCATION (City, town, or county) (State) North Wilkesboro, N. Carolina	
DATE REC'D BY LOCAL APR 3 1953		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. LUPTON & SONS; 7233 Delmar Blvd.,			

S.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Clarence H. Murray

Licensed Embalmer No.

4011

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.